

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

|              | AS FILED |      | AFTER<br>1st AMENDMENT |      | AFTER<br>2nd AMENDMENT |      |
|--------------|----------|------|------------------------|------|------------------------|------|
|              | IND.     | DEP. | IND.                   | DEP. | IND.                   | DEP. |
| 1            | /        |      |                        |      |                        |      |
| 2            |          | /    |                        |      |                        |      |
| 3            |          | /    |                        |      |                        |      |
| 4            |          | /    |                        |      |                        |      |
| 5            |          | /    |                        |      |                        |      |
| 6            |          | /    |                        |      |                        |      |
| 7            |          | /    |                        |      |                        |      |
| 8            |          | /    |                        |      |                        |      |
| 9            |          | /    |                        |      |                        |      |
| 10           |          | /    |                        |      |                        |      |
| 11           | /        |      |                        |      |                        |      |
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| 50           |          |      |                        |      |                        |      |
| TOTAL IND.   |          | ↓    |                        | ↓    |                        | ↓    |
| TOTAL DEP.   |          | ←    |                        | ←    |                        | ←    |
| TOTAL CLAIMS |          |      |                        |      |                        |      |

|              | ★    |      | ★    |      | ★    |      |
|--------------|------|------|------|------|------|------|
|              | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 51           |      |      |      |      |      |      |
| 52           |      |      |      |      |      |      |
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| 99           |      |      |      |      |      |      |
| 100          |      |      |      |      |      |      |
| TOTAL IND.   |      | ↓    |      | ↓    |      | ↓    |
| TOTAL DEP.   |      | ←    |      | ←    |      | ←    |
| TOTAL CLAIMS |      |      |      |      |      |      |

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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